

<b>Case Number:</b>	CM14-0091696		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/24/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50 years old male who sustained injuries to his bilateral knees on 09/24/13 while moving a very heavy copying machine on a trailer using a dolly. A coworker was helping the injured worker, when the machine slipped and the injured worker fell landing on both knees. The clinical note dated 07/24/14 reported that the injured worker is generally doing quite nicely. There are no significant pain issues unless he really pushes functional kneeling activity. The injured worker is agreeable to discharge to self-care. Physical examination noted full range of motion of the bilateral knees; no swelling; localized tenderness over the anterior joint line and patellar tubercle essentially 0/10 VAS; good tolerance for closed chain lunges and open chain resisted knee extension; overall strength 5/5. Graph recommends discharge now to self-care. The impression was that the injured worker had a very good response to localized friction and progressive desensitization/strengthening. Good candidate for a couple more weeks of rehab anticipating discharge then. There were no imaging studies of the bilateral knees provided for review. Prior utilization review denied request for Orthovisc Injections (Bilateral Knees) 1 X 3 on 06/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Orthovisc Injections (Bilateral Knees) 1 X 3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and leg chapter\_ Hyaluronic acid injections

**Decision rationale:** The previous request was denied on the basis that in this case, the injured worker reported ongoing bilateral knee pain with noted tenderness and limitation of motion on examination. The provider currently requested authorization for Orthovisc injections for the bilateral knees. However, there are also limited significant deficits and limitation correlating with osteoarthritis on the recent examination to support the need for the request. Furthermore, there are no recent diagnostic reports submitted for review that show evidence of degenerative changes. Hence, the request was not deemed as medically appropriate. The Official Disability Guidelines state that treatment with Hyaluronic Acid injections should be limited to injured workers who experience significantly symptomatic osteoarthritis, but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months. Physical examination on 07/24/14 reported that the injured worker is doing quite well. He was expected to continue an additional couple of weeks of physical therapy and then be discharged to self-care. Pain was 0/10 VAS. Given this, the request for Orthovisc injections (bilateral knees), 1 x 3 is not indicated as medically necessary.